

# PERSONAL FINANCIAL STATEMENT

FORM PFS  
COVER SHEET  
PAGE 1

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2019, covering calendar year ending December 31, 2018.  
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #  
13

ACCOUNT #  
00080065

1 NAME

TITLE; FIRST; MI

Ms. Victoria

NICKNAME; LAST; SUFFIX

Neave

## OFFICE USE ONLY

Date Received

ELECTRONICALLY FILED  
07/01/2019

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP  
P.O. Box 472773

Garland, TX 75047

☐ (CHECK IF FILER'S HOME ADDRESS)

Receipt #

HD / PM

Amount

Date Processed

3 TELEPHONE  
NUMBER

AREA CODE PHONE NUMBER; EXTENSION

Date Imaged

4 REASON  
FOR FILING  
STATEMENT

- ☐ CANDIDATE \_\_\_\_\_ (INDICATE OFFICE)
- ☒ ELECTED OFFICER State Representative, District 107 (INDICATE OFFICE)
- ☐ APPOINTED OFFICER \_\_\_\_\_ (INDICATE AGENCY)
- ☐ EXECUTIVE HEAD \_\_\_\_\_ (INDICATE AGENCY)
- ☐ FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
- ☐ STATE PARTY CHAIR \_\_\_\_\_ (INDICATE PARTY)
- ☐ OTHER \_\_\_\_\_ (INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE \_\_\_\_\_

DEPENDENT CHILD 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

# SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
2 EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER Victoria Neave Law Firm, PC d/b/a Neave Law, PC ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 822827 Dallas, TX 75382 POSITION HELD Attorney		
<input type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION		

INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER State of Texas ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 317 S. Galloway Ave., Ste. B Mesquite, TX 75149 POSITION HELD State Representative		
<input type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION		

# STOCK

## PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ENTITY	NAME Victoria Neave Law Firm, PC d/b/a Neave Law, PC			
2 STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3 NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input checked="" type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE		
4 IF SOLD	<input type="checkbox"/> NET GAIN			
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999
			<input type="checkbox"/> \$25,000--OR MORE	

# PERSONAL NOTES AND LEASE AGREEMENTS

## PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	US Bank			
2 LIABILITY OF	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3 GUARANTOR	NONE			
4 AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE

  

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Nelnet Loan Services			
LIABILITY OF	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
GUARANTOR	NONE			
AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE

  

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	US Department of Education			
LIABILITY OF	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
GUARANTOR	Dept of Ed/ Navient			
AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999	<input checked="" type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

  

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Navient Private Loan Trust			
LIABILITY OF	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
GUARANTOR	NONE			
AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input checked="" type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

# PERSONAL NOTES AND LEASE AGREEMENTS

## PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Winsted at White Rock
2 LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 GUARANTOR	NONE
4 AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input checked="" type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Chase Bank
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	NONE
AMOUNT	<input checked="" type="checkbox"/> \$1,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

# INTERESTS IN REAL PROPERTY

## PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>2</b> STREET ADDRESS  <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE  8580 Abrams Rd.  Dallas, TX 75243
<b>3</b> DESCRIPTION  <input type="checkbox"/> LOTS <input checked="" type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED  0.32000 acres Dallas
<b>4</b> NAMES OF PERSONS RETAINING AN INTEREST  <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	Scott Jr., Mark (Mr.)
<b>5</b> IF SOLD  <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

# INTEREST IN BUSINESS ENTITIES

## PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 DESCRIPTION	<div>NAME AND ADDRESS</div> <div><input type="checkbox"/> (Check if Filer's Home Address)</div> <div>Victoria Neave Law Firm, PC d/b/a Neave Law, PC</div> <div>P.O. Box 822827</div> <div>Dallas, TX 75382</div>
3 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

# OWNERSHIP OF BUSINESS ASSOCIATIONS

## PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	<div>NAME AND ADDRESS</div> <div><input type="checkbox"/> (Check If Filer's Home Address)</div> <div>Victoria Neave Law Firm, PC d/b/a Neave Law, PC</div> <div>PO Box 822827</div> <div>Dallas, TX 75382</div>									
2 BUSINESS TYPE	<table><tr><td><input type="checkbox"/> Corporation</td><td><input type="checkbox"/> Limited Partnership</td><td><input type="checkbox"/> Profesional Association</td></tr><tr><td><input type="checkbox"/> Firm</td><td><input type="checkbox"/> Limited Liability Partnership</td><td><input type="checkbox"/> Joint Venture</td></tr><tr><td><input type="checkbox"/> Partnership</td><td><input checked="" type="checkbox"/> Professional Corporation</td><td><input type="checkbox"/> Other _____</td></tr></table>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Profesional Association	<input type="checkbox"/> Firm	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Professional Corporation	<input type="checkbox"/> Other _____
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Profesional Association								
<input type="checkbox"/> Firm	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Joint Venture								
<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Professional Corporation	<input type="checkbox"/> Other _____								
3 HELD, ACQUIRED, OR SOLD BY	<table><tr><td><input checked="" type="checkbox"/> FILER</td><td><input type="checkbox"/> SPOUSE</td><td><input type="checkbox"/> DEPENDENT CHILD _____</td></tr></table>	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____						
<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____								

# ASSETS OF BUSINESS ASSOCIATIONS

## PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) Victoria Neave Law Firm, PC d/b/a Neave Law, PC PO Box 822827  Dallas, TX 75382																
2 BUSINESS TYPE	Professional Corporation																
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____																
4 ASSETS	<table><thead><tr><th>DESCRIPTION</th><th colspan="2">CATEGORY</th></tr></thead><tbody><tr><td>Accounts Receivable</td><td><input type="checkbox"/> LESS THAN \$5,000</td><td><input type="checkbox"/> \$5,000 - \$9,999</td></tr><tr><td></td><td><input type="checkbox"/> \$10,000 - \$24,999</td><td><input checked="" type="checkbox"/> \$25,000 OR MORE</td></tr><tr><td>Office furniture, equipment, supplies, computers</td><td><input type="checkbox"/> LESS THAN \$5,000</td><td><input checked="" type="checkbox"/> \$5,000 - \$9,999</td></tr><tr><td></td><td><input type="checkbox"/> \$10,000 - \$24,999</td><td><input type="checkbox"/> \$25,000 OR MORE</td></tr></tbody></table>		DESCRIPTION	CATEGORY		Accounts Receivable	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999		<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000 OR MORE	Office furniture, equipment, supplies, computers	<input type="checkbox"/> LESS THAN \$5,000	<input checked="" type="checkbox"/> \$5,000 - \$9,999		<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000 OR MORE
DESCRIPTION	CATEGORY																
Accounts Receivable	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999															
	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000 OR MORE															
Office furniture, equipment, supplies, computers	<input type="checkbox"/> LESS THAN \$5,000	<input checked="" type="checkbox"/> \$5,000 - \$9,999															
	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000 OR MORE															

# LIABILITIES OF BUSINESS ASSOCIATIONS

## PART 11C

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1 BUSINESS ASSOCIATION</b>	<div>NAME AND ADDRESS</div> <div><input type="checkbox"/> (Check If Filer's Home Address)</div> Victoria Neave Law Firm, PC d/b/a Neave Law, PC PO Box 822827  Dallas, TX 75382																																		
<b>2 BUSINESS TYPE</b>	Professional Corporation																																		
<b>3 HELD, ACQUIRED, OR SOLD BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____																																		
<b>4 LIABILITIES</b>	<table border="1"><thead><tr><th data-bbox="435 774 980 814">DESCRIPTION</th><th colspan="2" data-bbox="980 774 1534 814">CATEGORY</th></tr></thead><tbody><tr><td data-bbox="435 814 980 930">Office Lease</td><td data-bbox="980 814 1263 854"><input type="checkbox"/> LESS THAN \$5,000</td><td data-bbox="1263 814 1534 854"><input type="checkbox"/> \$5,000 - \$9,999</td></tr><tr><td data-bbox="435 930 980 970"></td><td data-bbox="980 854 1263 894"><input type="checkbox"/> \$10,000 - \$24,999</td><td data-bbox="1263 854 1534 894"><input checked="" type="checkbox"/> \$25,000--OR MORE</td></tr><tr><td data-bbox="435 970 980 1047">Telephone/ Internet Service</td><td data-bbox="980 970 1263 1010"><input checked="" type="checkbox"/> LESS THAN \$5,000</td><td data-bbox="1263 970 1534 1010"><input type="checkbox"/> \$5,000 - \$9,999</td></tr><tr><td data-bbox="435 1047 980 1087"></td><td data-bbox="980 1010 1263 1050"><input type="checkbox"/> \$10,000 - \$24,999</td><td data-bbox="1263 1010 1534 1050"><input type="checkbox"/> \$25,000--OR MORE</td></tr><tr><td data-bbox="435 1087 980 1165">Law Firm Management Software</td><td data-bbox="980 1087 1263 1127"><input checked="" type="checkbox"/> LESS THAN \$5,000</td><td data-bbox="1263 1087 1534 1127"><input type="checkbox"/> \$5,000 - \$9,999</td></tr><tr><td data-bbox="435 1165 980 1205"></td><td data-bbox="980 1127 1263 1167"><input type="checkbox"/> \$10,000 - \$24,999</td><td data-bbox="1263 1127 1534 1167"><input type="checkbox"/> \$25,000--OR MORE</td></tr><tr><td data-bbox="435 1205 980 1283">Business Credit Card</td><td data-bbox="980 1205 1263 1245"><input checked="" type="checkbox"/> LESS THAN \$5,000</td><td data-bbox="1263 1205 1534 1245"><input type="checkbox"/> \$5,000 - \$9,999</td></tr><tr><td data-bbox="435 1283 980 1323"></td><td data-bbox="980 1245 1263 1285"><input type="checkbox"/> \$10,000 - \$24,999</td><td data-bbox="1263 1245 1534 1285"><input type="checkbox"/> \$25,000--OR MORE</td></tr><tr><td data-bbox="435 1323 980 1400">Salaries/ Wages</td><td data-bbox="980 1323 1263 1362"><input type="checkbox"/> LESS THAN \$5,000</td><td data-bbox="1263 1323 1534 1362"><input type="checkbox"/> \$5,000 - \$9,999</td></tr><tr><td data-bbox="435 1400 980 1440"></td><td data-bbox="980 1362 1263 1402"><input type="checkbox"/> \$10,000 - \$24,999</td><td data-bbox="1263 1362 1534 1402"><input checked="" type="checkbox"/> \$25,000--OR MORE</td></tr></tbody></table>		DESCRIPTION	CATEGORY		Office Lease	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999		<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE	Telephone/ Internet Service	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999		<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE	Law Firm Management Software	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999		<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE	Business Credit Card	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999		<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE	Salaries/ Wages	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999		<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE
DESCRIPTION	CATEGORY																																		
Office Lease	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999																																	
	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE																																	
Telephone/ Internet Service	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999																																	
	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE																																	
Law Firm Management Software	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999																																	
	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE																																	
Business Credit Card	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999																																	
	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE																																	
Salaries/ Wages	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999																																	
	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE																																	

# BOARDS AND EXECUTIVE POSITIONS

## PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 ORGANIZATION	F.L.A.G. Program
2 POSITION HELD	Board Member
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Victoria Neave Law Firm, PC d/b/a Neave Law, PC
POSITION HELD	Shareholder/ Director
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Raising the Bridge (Mesquite)
POSITION HELD	Board Member
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Dallas Dinner Table
POSITION HELD	Board Member
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

# PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS  
COVER SHEET  
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

## 6 PARTS NOT APPLICABLE TO FILER

- ☐ N/A Part 1A - Sources of Occupational Income
- ☒ N/A Part 1B - Retainers
- ☐ N/A Part 2 - Stock
- ☒ N/A Part 3 - Bonds, Notes & Other Commercial Paper
- ☒ N/A Part 4 - Mutual Funds
- ☒ N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- ☐ N/A Part 6 - Personal Notes and Lease Agreements
- ☐ N/A Part 7A - Interests in Real Property
- ☐ N/A Part 7B - Interests in Business Entities
- ☒ N/A Part 8 - Gifts
- ☒ N/A Part 9 - Trust Income
- ☒ N/A Part 10A - Blind Trusts
- ☒ N/A Part 10B - Trustee Statement
- ☐ N/A Part 11A - Business Associations
- ☐ N/A Part 11B - Assets of Business Associations
- ☐ N/A Part 11C - Liabilities of Business Associations
- ☐ N/A Part 12 - Boards and Executive Positions
- ☒ N/A Part 13 - Expenses Accepted Under Honorarium Exception
- ☒ N/A Part 14 - Interest in Business in Common with Lobbyist
- ☒ N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- ☒ N/A Part 16 - Representation by Legislator Before State Agency
- ☒ N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- ☒ N/A Part 18 - Legislative Continuances
- ☒ N/A Part 19 - Contracts with Governmental Entity
- ☒ N/A Part 20 - Bond Counsel Services Provided by a Legislator

# PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission must have the signature of the individual required to file the personal financial statement as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2018 , and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Ms. Victoria Neave

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath